

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Apache</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>3</u>
District of <u>St. Johns</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>56</u>
Town of <u>St. Johns</u>			Local Registrar No. <u>21</u>
or			
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Laura Day</u> } If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>f</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate: <u>yes</u>
7. Date of birth <u>May 15 1927</u>		Month <u>May</u> day <u>15</u> year <u>1927</u>	
8. FATHER		14. MOTHER	
Full name <u>Francis Day</u>		Full maiden name <u>Laura Farr</u>	
9. Residence (Usual place of abode) <u>St. Johns, Ariz.</u>		15. Residence (Usual place of abode) <u>St. Johns, Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>Can.</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Springerville</u>	(State or country) <u>Ariz.</u>	18. Birthplace (city or place) <u>St. Johns</u>	(State or country) <u>Ariz.</u>
13. Occupation <u>Mechanic</u>	Nature of industry <u>Automobiles</u>	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1</u> a.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>T. J. Bouldin M.D.</u>	
Given name added from _____		Address <u>St. Johns, Ariz.</u>	
a supplemental report _____		Filed <u>June 10 1927</u> <u>Martin Jensen</u>	
Month, day, year.		Local Registrar.	
Registrar. _____		Filed <u>June 10 1927</u> <u>T. J. Bouldin</u>	
		County Registrar.	

348-515-369